

## **Appendix J – Interface Specifications**

# EBT Eligibility System Interface Specifications

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**State of California**  
**Health and Welfare Agency Data Center**  
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# EBT Interface Specifications for County Eligibility Systems

EBT Interface Overview .....	4
Interface Assumptions .....	4
Batch Interface Files .....	6
Case/Client Demographic Data.....	7
Case/Client Maintenance Header.....	7
Case/Client Maintenance Detail Record .....	8
Case/Client Maintenance Trailer .....	9
Benefit Data File .....	10
Benefit Batch Header.....	10
Benefit Batch Maintenance Detail Record.....	11
Benefit Batch Maintenance Trailer.....	12
Transaction History File .....	13
Transaction History File Header .....	13
Extract Daily History Detail .....	14
Extract Daily History Trailer .....	16
Benefit Aging File .....	17
Benefit Aging Header .....	17
Benefit Aging Detail Record .....	18
Benefit Aging Trailer.....	18
Case/Client Delete File .....	19
Case/Client Delete Header.....	19
Case/Client Delete Detail Record .....	20
Case/Client Delete Trailer .....	20
Host-to-Host Interface .....	21
Inquiry Messages .....	22
M0100 - Account Inquiry .....	22
M0102 - Benefit Inquiry .....	25
M0104 - Card Inquiry .....	28
M0106 - History Inquiry.....	31
Case/Client Add, Change & Delete Messages.....	34
M0120 - Case/Client Add .....	34
M0122 - Case/Client Change .....	36
M0124 - Case/Client Delete.....	38
Card Issue/Re-issue/Change Messages.....	40
M0140 - Card Issue.....	40
M0142 - Card Reissue Vault Card.....	42
M0144 - Card Mail Reissue .....	44
M0146 - Card Change Transaction.....	46
Benefit Issuance, Change.....	48
M0160 - Benefit Issuance .....	48
M0162 - Benefit Change.....	50
Food Stamp Conversion & Benefit Adjustment .....	52
M0180 - Food Benefit Conversion .....	52
M0182 - Benefit Adjustment .....	55
Administrative Terminal Interface.....	58
Exhibit J-1.....	59
Valid Language Codes.....	59

## EBT Interface Overview

This document provides an initial draft of the interface specifications that can be used to transfer information between the county eligibility systems and the vendor's EBT System. Specifications are provided for the batch interface files and the host-to-host interface. The strategy in preparing this document is to define up-front for potential EBT contractors the interface specifications that could be used to interface with the counties' eligibility system. During the system design phase, the selected EBT Contractor will have the opportunity to modify/update the specifications to better fit with their respective EBT system.

The selected EBT contractor will be required to develop and certify the interfaces during the design and development phase of the contract. Then, as the counties begin to convert over to the EBT system, each county would certify their interface, as implemented within the respective eligibility system, to the contractor's EBT System.

It should be noted that when discussing interfaces, this document is dealing with the application level interface used for the exchange of data between the counties' eligibility systems and the EBT system. Other than a generic discussion of the telecommunication protocols in a host to host implementation, this document does not discuss the physical interfaces that deals with the telecommunications protocols and physical lines that will be used to transmit the data between the different systems.

When discussing an application level interface between eligibility systems and an EBT system, there are three different types of interfaces that are possible. These are:

- a) Batch interface where files are exchanged between the eligibility system and the EBT system;
- b) Host to Host connection where the eligibility system and the EBT system are connected through a telecommunication line and exchange transaction level messages;
- c) Stand-alone administrative terminal functionality where data is entered separately through administrative terminals in both the eligibility system and the EBT system.

It is possible for a county to use all three interfaces in their implementation, although in most projects to date; a two-interface implementation is standard. Batch is the most common interface type, and has been used in all of the EBT implementations to date. Inquiry functionality and emergency issuance of benefits has typically been performed through either a host-to-host connection or an administrative terminal connected to the EBT system.

## Interface Assumptions

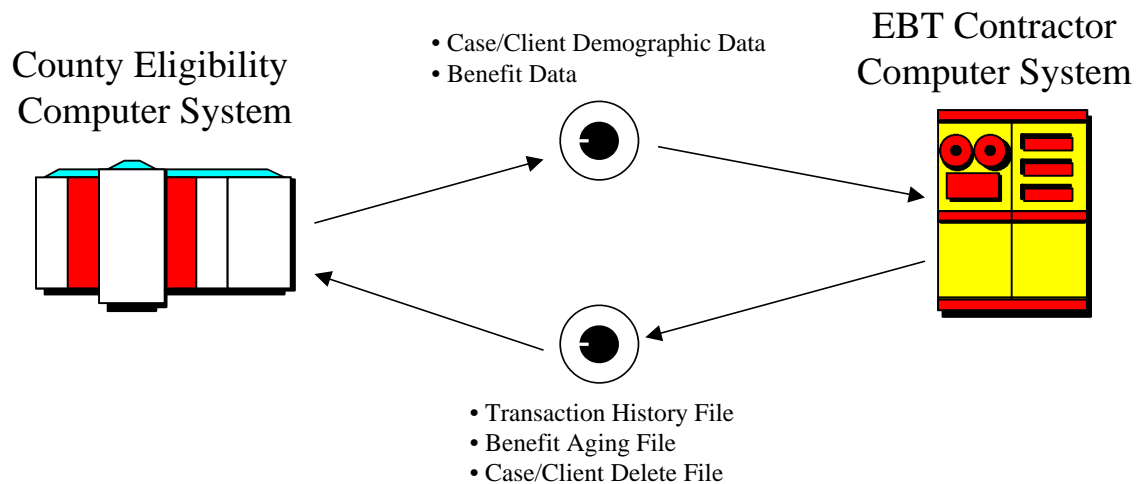
A number of assumptions were made in designing the interface specifications. The assumptions are based upon the requirements defined in the ITP, as well as conversations with the State project staff. Following are the assumptions used in preparing this document.

1. EBT is a payment system, not an eligibility system. The EBT system will not keep any data regarding the eligibility of a client, or the amount of benefits for which the client is eligible. The EBT system will only pay out benefits authorized by the county eligibility systems for the client.
2. The county eligibility systems are considered the master of case/client demographic data. EBT will not feed demographic information back to eligibility systems, but will only get information from eligibility systems. For case/client demographic information entered directly into the EBT system through the administrative terminal, the assumption is that the information has been entered correctly by the administrative terminal user. Reports will be generated from the EBT system though that can be used to verify the data.
3. There will be common interface specifications defined by the state and the selected EBT vendor for the county eligibility systems interfacing with the EBT vendor. The counties will be able to choose different interface options within the specifications to implement the policies and processes they have decided upon within EBT.

4. The EBT vendor will build and certify the interfaces one time during the design and development phase of the project. Each county's eligibility system will certify the interfaces the respective county has decided to implement to the EBT System as the county implements EBT. The counties will only be required to certify the interface options they have chosen to use within their implementation of EBT.
5. There will be a different and distinct implementation of the interface for each county's eligibility system that is participating in EBT. Consequently, the EBT vendor will have a logical interface defined for every California County running on the EBT system.
6. Although an individual county's interface will consist of options that are available to all counties, the implementation of the interface will be specific to the respective county.

## Batch Interface Files

A batch file interface refers to data received from and sent to the county eligibility systems from the EBT system in a flat file structure and processed in an offline environment. The following diagram offers a pictorial view of the interface.



A batch interface consists of the eligibility system sending Case/Client demographic data and benefit data to the EBT contractor, and receiving a daily Transaction History File and a Benefit Aging File from the EBT contractor. Following is a description of each of the files:

- ❑ **Case/Client Demographic Data** – this file goes from the eligibility system to the EBT system, and typically contains all of the information required to establish a new EBT account on the contractor's EBT system. Depending on the options selected, a record within the file can be used to establish a new EBT account or set-up an alternate payee on an existing EBT account. An option can also exist on the record to order a card for the client.
- ❑ **Benefit Data** – this file also goes from the eligibility system to the EBT system, and normally contains information required to add a new benefit to a client's EBT account, but the file may also contain a cancellation of a benefit prior to the availability date of the benefit.
- ❑ **Transaction History File** – this file is generated by the EBT System, and contains a record for every financial transaction (both settling and non-settling) occurring on the EBT system. The file has multiple uses by the county, such as validating the settlement and database liability totals on the EBT system or generating ad-hoc client transaction reports.
- ❑ **Benefit Aging File** – this file will contain a record for EBT accounts that have not been accessed within the last 30, 60, 90 and 280 days. The file is typically used to generate client adverse action notices regarding the benefits in the client's account that are not being utilized by the client.
- ❑ **Case/Client Delete File** – the EBT System will eventually delete case/client demographic data after a period of inactivity, usually one year. This file will let the county know that the case is no longer resident on the EBT system. If the client becomes eligible in the future for benefits, the county will need to send over a Case/Client demographic record re-adding the client to the EBT system.

Batch files in an EBT system are usually created with a number of controls, such as batch header and trailer records. Header records usually contain an identification of the file, and a unique identifier that allows either the State or the EBT vendor to determine if a file has been duplicated or submitted twice. The batch trailer record usually contains detail record counts and dollar totals if the file is a Benefit Data file.

There are also some additional issues to recognize for Benefit Data files. Benefit data can be added to the EBT system prior to the availability date of the benefit to the client. The EBT system will warehouse the benefit until the date the benefit should be made available to the client. This can be an advantage to a county when preparing the monthly issuance file for the EBT vendor. All of the benefits for a monthly issuance can be contained in one file, with a separate availability date for each benefit.

Each file will be discussed individually.

### ***Case/Client Demographic Data***

The Case/Client Demographic Data File is used to add and modify case and client related data on the EBT vendor's EBT system. As with all EBT files, the file consists of a header record, followed by multiple detail records, followed by a trailer record. Following is a description of each record in the file.

#### **Case/Client Maintenance Header**

<b>Field Name</b>	<b>Format</b>	<b>Comments</b>
Record Type	X(02)	Constant = "HC"
Maintenance type	X(16)	Constant "CASE/CLIENT"
File create date	X(08)	Required CCYYMMDD
File create time	9(04)	Required HHMM
Control number	9(06)	Incremented by one each time the file is sent, Unique to maintenance type
State ID	X(02)	Constant of "CA"
County ID	9(02)	Identifier assigned to the county
Reserved for County Use	X(25)	Field reserved for county use
Filler	X(145)	Field should be set to spaces

Record Length = 210 bytes

#### **Usage Notes:**

Case/Client updates will be transmitted to the EBT vendor in batches by each county converted to EBT. Each batch file will consist of a header record, multiple detail records, and a trailer record. Each subsequent file sent by the county should have the "Control number" incremented by one.

## Case/Client Maintenance Detail Record

Field Name	Format	Comments
Record type	X(02)	Constant of "DT"
Refresh action	X(01)	Required A – Add C - Change (changes are allowed on all fields except case number or client type)
Case Number	X(14)	Required, fourteen digit alpha-numeric field uniquely identifying the case on the County eligibility system.
Client Type	X(02)	Required 1 – Primary cardholder 2-99 – Alternate cardholders
Cardholder Access	X(01)	Required 1 – Food Stamps 2 – Cash 3 – Both
Client ID Number (CIN)	X(09)	Optional, unique identifier within the state for a client. Currently not implemented by all counties.
Local Office Code	X(03)	Required, left justified, right space filled
Client First Name	X(15)	Required, left justified, right space filled
Client Middle Initial	X(01)	Optional, space if not used
Client Last Name	X(25)	Required, left justified, right space filled
Address line 1	X(30)	Required if card mailed, Street address
Address line 2	X(30)	Optional, apartment number, other
City	X(20)	Required if card mailed
State	X(02)	Required if card mailed
Zip/postal code	X(09)	Required if card mailed
Telephone Number	9(10)	Optional, set to zeros if not available
Birth date	X(08)	Required, format of CCYYMMDD
Caseworker ID	X(06)	Required, left justified, right space filled
Social Security Number	X(09)	Optional, Recipient SSN
Card issuance code	X(01)	Required 1 – Original issuance 9 – Don't issue card
PIN issuance code	X(01)	Required 1 – Issue PIN 9 – Don't issue PIN
Drop Ship code	X(01)	Required if Card issuance code set to 1 0 – Mail to cardholder address 1 – Drop ship to local office
Language Indicator	X(02)	Required, see Exhibit J-1 for list of current language codes.
Filler	X(10)	Field should be set to spaces

Record Length = 210 Bytes

**Usage Notes:**

This record format is used to add and change Case and Client data. On an "add" request, the primary client needs to be added first prior to an alternate being added. If an "add" record is received for a client already on the EBT system's database, the "add" will be rejected and the EBT system's database will not be modified.



Case number and Client Type are required for a change. Only the fields that are changing need to be provided. Any field that is not changing should be set to all asterisks ("\*").

There is a potential for a county to send in a large amount of Case/Client Maintenance change records. This can occur because of the reassigning of a local office code or redistribution of cases among the caseworkers within the office. The EBT vendor will need to be able to accommodate the times when a large number of maintenance records are generated by the eligibility system due to changes such as a local office number modification or caseworker reassignment. It should be noted that the county will not always be aware in advance of these changes.

### Case/Client Maintenance Trailer

Field Name	Format	Comments
Record type	X(02)	Constant = "TC"
Maintenance type	X(16)	Must match header
File create date	X(08)	Must match header
File create time	9(04)	Must match header
Control number	9(06)	Must match header
State ID	X(02)	Must match header
County ID	9(02)	Must match header
Total Detail Records	9(09)	Required, total number of detail records
Number of Adds	9(09)	Required, count of add records
Number of Changes	9(09)	Required, count of change records
Filler	X(143 )	Field should be set to spaces

Record length = 210 bytes

**Benefit Data File**

The Benefit Data file is used to add benefit authorizations for a client to the vendor's EBT system.

The authorization number is required to be unique. Once a benefit has been canceled, the authorization number cannot be reused.

The Benefit Data File consists of a header record, followed by multiple detail records, followed by a trailer record. Following is a description of the layout for the file.

**Benefit Batch Header**

Field Name	Format	Comments
Record Type	X(02)	Constant = "HB"
Maintenance type	X(16)	Constant depending on benefit type in batch Following are the valid values: <ul style="list-style-type: none"><li>• "FS-DAILY"</li><li>• "FS-MONTHLY"</li><li>• "CASH-DAILY"</li><li>• "CASH-MONTHLY"</li></ul>
File create date	X(08)	Required CCYYMMDD
File create time	9(04)	Required HHMM
Control number	9(06)	Incremented by one each time the file is sent, Unique to maintenance type
State ID	X(02)	Constant of "CA"
County ID	9(02)	Identifier assigned to the county
Reserved for County Use	X(25)	
Filler	X(15)	Field should be set to spaces

Record Length = 80 bytes

**Usage Notes:**

Benefit Data updates will be transmitted to the EBT vendor in batches. A single transmission may contain multiple batches. Each batch must consist of a file header, multiple detail records, and a file trailer record.

## Benefit Batch Maintenance Detail Record

Field Name	Format	Comments
Record Type	X(02)	Constant of "DT"
Refresh action	X(01)	Describes action required on this update: A – Add D – Cancel a benefit
Case Number	X(14)	Required, fourteen digit alpha-numeric field uniquely identifying the case on the County eligibility system.
Benefit type	X(08)	Required, unique identifier for type of benefit, left justified, right space filled
Benefit available date	X(08)	Required CCYYMMDD, this is the date that the benefit will be available to the client
Authorization Number	X(16)	Required, unique identifier within the county for the benefit authorization, left justified, right space filled
Authorization amount	9(05)v99	Required
Local Office Code	X(03)	Required, left justified, right space filled
Filler	X(21)	Field should be set to spaces

Record Length = 80 bytes

**Usage Notes:**

This record format is used to add and/or cancel benefit authorizations. Note that benefits cannot be canceled after the availability date.

The Authorization Number is a number within the county's eligibility system that uniquely identifies the benefit. Consequently the Authorization Number cannot be duplicated on the eligibility system or on the vendor's EBT system for the respective county. It should be noted that although Authorization Numbers must be unique within a county, the numbers will not be unique between counties.

Benefits can be added to the system before a card has been issued to the recipient.

## Benefit Batch Maintenance Trailer

Field Name	Format	Comments
Record type	X(02)	Constant = "TB"
Maintenance type	X(16)	Must match header
File create date	X(08)	Must match header
File create time	9(04)	Must match header
Control number	9(06)	Must match header
State ID	X(02)	Must match header
County ID	9(02)	Must match header
Total Detail Records	9(09)	Required, total number of detail records
Number of Adds	9(09)	Required, count of add records
Amount of Adds	9(09)v99	Value of add records in the batch
Number of Cancels	9(09)	Required, count of delete (cancel) records
Amount of Cancels	9(09)v99	Value of delete (cancel) records in the batch
Filler	X(17)	Field should be set to spaces.

Record length = 80 bytes

***Transaction History File***

On a daily basis, the EBT vendor will send to each county an extract file of all financial activity taking place against the benefit authorizations on the EBT system's database. The file consists of a file header record followed by multiple detail records, and ending with a file trailer record.

Following is the layout of the Transaction History File.

**Transaction History File Header**

Field Name	Format	Comments
Record Type	X(02)	Constant = "EH"
File type	X(16)	Constant "TRAN-HISTORY"
File create date	X(08)	Required CCYYMMDD
File create time	9(04)	HHMM
Control number	9(06)	Incremented by 1 each time the file is created and sent.
State ID	X(02)	Constant of "CA"
County ID	9(02)	Identifier assigned to the county
Filler	X(490)	Field should be set to spaces.

Record Length = 530 bytes

**Usage Notes:**

The EBT vendor will transmit on a daily basis to each county an extract file of all system activity. Each transmission will contain a header record followed by multiple detail records, followed by a trailer record.

## Extract Daily History Detail

Field Name	Format	Comments
Record Type	X(02)	Constant of "DT"
Case Number	X(14)	Required, fourteen digit alpha-numeric field uniquely identifying the case on the County eligibility system.
EBT Account Number	X(12)	Twelve digit alpha-numeric value that uniquely identifies the EBT account on the vendor's EBT system, left justified, right space filled.
Primary Account Number (Card number)	X(19)	Optional, required on client initiated transactions
Primary/Alternate indicator	X(01)	Optional, required on client initiated transactions 1 – Primary cardholder 2-9 – Alternate cardholders
Transaction Type	X(03)	Required, three digit identifier of transaction type defined by the EBT vendor
Transaction Date	9(08)	CCYYMMDD
Transaction Time	9(06)	HHMMSS
Transaction Response Code	X(02)	Required, identifies result of transaction, "00" indicates no errors on transaction
Reversal Reason Code	X(02)	Optional, reason for reversal defined by the EBT vendor
Authorization Number	X(16)	Optional, required on benefit adds & changes, left justified, right space filled
Credit/Debit indicator	X(02)	"DR" for debits (withdrawals), "CR" for credits (additions) to an authorization
Benefit type	X(08)	Required, unique identifier for type of benefit, left justified, right space filled
Requested amount	9(5)v99	
Completed amount	9(5)v99	
Transaction fee amount	9(1)v99	Service fee charged to the client by the EBT vendor for the certain transactions such as ATM withdrawals
Account balance	s9(7)v99	Amount of funds available to client after the transaction occurred
Benefit Available Date	X(08)	Optional, required on benefit add & change, format of CCYYMMDD
Local Office Code	X(03)	Local Office code of case
FNS Retailer Number	9(07)	Required for Food Stamp transactions
Store number	X(12)	Optional, left justified, right space filled
Store Name	X(20)	Optional, left justified, right space filled
State Abbr. for Store	X(02)	Optional
Terminal ID	X(08)	POS Terminal ID
Filler	X(19)	Field should be set to spaces.
Benefit Detail Count	9(02)	Count of number of number of benefit authorizations used to satisfy client transaction.
Benefit Detail Data		Occurs 10 times, detail data is spaces if not required to describe benefit detail data used to satisfy transaction.
Benefit Type	X(08)	Required, unique identifier for type of benefit, left justified, right space filled

Authorization Number	X(16)	Optional, required on benefit adds & changes, left justified, right space filled
Benefit Amount Used	s9(7)v99	Amount of benefit authorization used to satisfy the transaction request

Record length = 530 bytes

**Usage Notes:**

The FNS number will only appear for food stamp transactions.

## Extract Daily History Trailer

Field Name	Format	Comments
Record Type	X(02)	Constant = "ET"
File type	X(16)	Must match header
File create date	X(08)	Must match header
File create time	9(04)	Must match header
Control number	9(06)	Must match header
State ID	X(02)	Must match header
County ID	9(02)	Must match header
Number of Detail Records	9(09)	Total number of detail records on the file
Filler	X(481)	Field should be set to spaces.

Record Length = 530 bytes



**Benefit Aging File**

The benefit aging file is sent by the EBT vendor to notify the county of EBT benefit accounts where the recipient is not accessing their benefits. The county can use the aging file to generate client adverse action letters prior to the EBT account going dormant for inactivity.

Following is the layout of the Benefit Aging File.

**Benefit Aging Header**

Field Name	Format	Comments
Record Type	X(02)	Constant = "AH"
File type	X(16)	Constant "BENEFIT AGING"
File create date	X(08)	Required CCYYMMDD
File create time	9(04)	HHMM
Control number	9(06)	Incremented by 1 each time the file is created and sent.
State ID	X(02)	Constant of "CA"
County ID	9(02)	Identifier assigned to the county
Filler	X(40)	Field should be set to spaces.

Record Length = 80 bytes

**Usage Notes:**

The EBT vendor will transmit to each county an aging file after each aging run on the EBT system. Each transmission will contain a header record followed by multiple detail records, followed by a trailer record.

## Benefit Aging Detail Record

Field Name	Format	Comments
Record Type	X(02)	Constant of "DT"
Case Number	X(14)	Required, fourteen digit alpha-numeric field uniquely identifying the case on the County eligibility system.
Caseworker	X(06)	Caseworker assigned to Case
Authorization Number	X(16)	Required, left justified, right space filled
Benefit type	X(06)	Required, left justified, right space filled
Aging Indicator	X(01)	"1" = Aging Period 1 "2" = Aging Period 2 "3" = Aging Period 3 "4" = Aging Period 4
Available balance	s9(5)v99	Amount of funds remaining on the benefit
Original Authorization amount	s9(5)v99	Original authorization amount
Benefit Available Date	X(08)	Required CCYYMMDD
Filler	X(35)	Field should be set to spaces.

Record Length = 80 bytes

## Benefit Aging Trailer

Field Name	Format	Comments
Record Type	X(02)	Constant = "AT"
File type	X(16)	Must match header
File create date	X(08)	Must match header
File create time	9(04)	Must match header
Control number	9(06)	Must match header
State ID	X(02)	Must match header
County ID	9(02)	Must match header
Number of Detail Records	9(09)	Total number of detail records on the file
Filler	X(31)	Field should be set to spaces.

Record Length = 80 bytes

**Case/Client Delete File**

On a monthly basis (or whenever the EBT vendor runs the purge), the EBT vendor will need to send to each county on the EBT system a file that contains those clients/cases that have been deleted from the EBT system's database as a result of purging of inactive cases. The file will include a header record, a detail record for each client/case being reported on, and a trailer record.

This file does not need to be provided until the first client/case data is purged from the EBT database. It is expected that the first case/client deletion will not occur until at least 12 months from the date the first client/case maintenance file is applied.

Following is the layout of the Client/Case Delete File.

**Case/Client Delete Header**

Field Name	Format	Comments
Record Type	X(02)	Constant = "HC"
File type	X(16)	Constant "CASE/CLIENT DELS"
File create date	X(08)	Required CCYYMMDD
File create time	9(04)	HHMM
Control number	9(06)	Incremented by 1 each time the file is created and sent.
State ID	X(02)	Constant of "CA"
County ID	9(02)	Identifier assigned to the county
Filler	X(40)	Field should be set to spaces.

Record Length = 80 bytes

All alpha-numeric fields will be left justified and right space filled.

## Case/Client Delete Detail Record

Field Name	Format	Comments
Case Number	X(14)	Required, fourteen digit alpha-numeric field uniquely identifying the case on the County eligibility system.
Primary/alternate indicator	X(01)	Required 1 – Primary cardholder 2-9 – Alternate cardholders
Local Office Code	X(03)	Required
Client ID Number (CIN)	X(09)	Optional, unique identifier within the state for a client. Currently not implemented by all counties.
Client First Name	X(15)	Required
Client Middle Initial	X(01)	Optional
Client Last Name	X(25)	Required
Client Delete date	X(08)	Required CCYYMMDD
Filler	X(04)	Field should be set to spaces.

Record Length = 80 Bytes

All alpha-numeric fields will be left justified and right space filled.

## Case/Client Delete Trailer

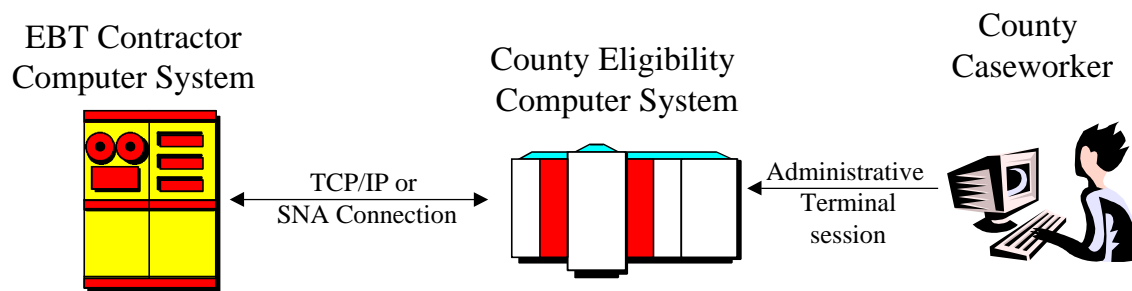
Field Name	Format	Comments
Record type	X(02)	Constant = "TC"
File type	X(16)	Must match header
File create date	X(08)	Must match header
File create time	9(04)	Must match header
Control number	9(06)	Must match header
State ID	X(02)	Must match header
County ID	9(02)	Must match header
Number of Detail Records	9(09)	Total number of detail records on the file
Filler	X(31)	Field should be set to blanks.

Record length = 80 bytes

All alpha-numeric fields will be left justified and right space filled

## Host-to-Host Interface

A host-to-host interface is where data is received by the EBT system directly from the eligibility system in an online, real-time environment. In this type of interface, the eligibility system feeds the EBT system based upon actions taken by the caseworker during the eligibility determination/benefit issuance process. Data is processed in a request/response message protocol format with data originating from the actions of a caseworker logged on to the eligibility system administrative terminal. The eligibility session is responsible for generating the request to the EBT system, receiving the request from the EBT system, and providing the appropriate response back to the administrative terminal user. Consequently, there will be software changes required within the eligibility system to support a host-to-host interface. A pictorial view of the interface is shown in the following diagram.



The host-to-host connection between the eligibility system and the EBT system will either be a TCP/IP connection or an SNA connection. In many of the existing host-to-host connections, the eligibility system has been a CICS application that was connected to the EBT systems through a peer-to-peer LU6.2 application level session. But the protocol of choice for host-to-host connections in today's environment is TCP/IP. Consequently it is anticipated that a host-to-host connection implemented for the State of California EBT project would be TCP/IP. The EBT vendor selected for the California EBT project is required to utilize a standard IP addressing convention for traffic flowing between the vendor and the eligibility system. The addressing convention used by the prospective bidder needs to be disclosed in the response to the EBT Invitation to Partner (ITP).

The eligibility system is responsible for processing the response received from the EBT system, and formatting the response for the user sitting at the Eligibility System's administrative terminal. The transactions in a host-to-host connection can be broken out into four different categories. These are:

1. Inquiry transactions (case, client, card, history)
2. Case/client demographic maintenance (adds, changes, deletes)
3. Benefit maintenance (adds, changes, cancellations)
4. Card maintenance (issues, reissue, status)

It is anticipated that the host-to-host interfaces will work in conjunction with the batch interface for case/client demographic data and benefit data maintenance, and will be used primarily for Inquiry transactions and card issuance. When emergency or immediate issuance is required, the host-to-host interface can be used for case/client demographic data set-up and benefit issuance.

The counties that choose to implement a host-to-host interface will not need standalone EBT administrative terminal functionality, as all administrative functionality will be performed through the host to host implementation. But counties may choose to utilize a limited number of EBT administrative terminals for contingency purposes.

Specifications for the host-to-host messages follow.

## ***Inquiry Messages***

The following sets of messages are used for inquiries against the EBT system's database.

### **M0100 - Account Inquiry**

The Account Inquiry is used to get information regarding a particular case set up on the EBT system. Information is returned regarding the status of the account, including the amount of cash and food stamp benefits on the EBT account, and the cards issued to the clients.

Following is the layout of the input request from the county:

### **Case Inquiry Request**

Field Name	Format	Comments
USERID	X(08)	Unique identifier of the user making the inquiry request.
State ID	X(02)	Constant of "CA"
County ID	9(02)	Identifier assigned to the county
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message Identifier - should be "M0100"
Transmission Date and Time	9(14)	Local Transmission date and time in the format CCYYMMDDHHMMSS.
Case Number	X(14)	Fourteen digit alpha-numeric field uniquely identifying the case on the County eligibility system.

**Case Inquiry Response - Normal**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier – should be "M0110"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful
Case Number	X(14)	Copied from input
Local Office Code	X(03)	Recipient Local Office code
Cash Balance	s9(5)v99	Available Cash balance on the case
Food Stamp Balance	s9(5)v99	Available Food Stamp balance on the case
Caseworker ID	X(06)	Caseworker assigned to Case
Client Segment Count	s9(01)	Value between 1 and 4, identifies the number of client segments following
Client Segment		Segment identifying data regarding client on the case - occurs 1 to 4 times depending on value of previous field
Client Type	X(02)	Indicates whether the client is the primary or an alternate cardholder on the case 1 – Primary cardholder 2-99 – Alternate cardholders
Cardholder Access	X(01)	Indicates access that client has to benefits on the EBT account 1 – Food Stamps 2 – Cash 3 – Both
Client ID Number (CIN)	X(09)	Unique identifier within the state for a client. Currently not implemented by all counties.
Client last name	X(25)	Last name of client
Client first name	X(15)	First name of client
Client Middle Initial	X(01)	Middle initial of client
Address line 1	X(30)	Street Address.
Address line 2	X(30)	Apartment number or other part of street address.
City	X(20)	
State	X(02)	
ZIP/postal code	X(09)	
Birthdate	X(08)	Birth date in the format of CCYYMMDD
PAN (Card)	X(19)	Card number of client left justified, space filled
PAN (Card) Status	X(02)	Current Card Status code
Social Security Number	X(09)	Client SSN , 9 numeric digits

**Case Inquiry Response -Error**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - should be "M0110"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "01" indicates that the request failed
Reject Reason	X(06)	A six-character reason defined by the EBT vendor for the reject; this field is only present if the Response Code is not zero
Reject Description	X(30)	A description of the reject reason; this field is only present if the Response code is not zero.

## Usage Notes:

No data fields are returned when Response Code is non-zero. Instead, a reject reason code and a reject reason description is returned.



## M0102 - Benefit Inquiry

**Benefit Inquiry Request**

Field Name	Format	Comments
USERID	X(08)	Unique identifier of the user making the inquiry request.
State ID	X(02)	Constant of "CA"
County ID	9(02)	Identifier assigned to the county
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message Identifier - should be "M0102"
Transmission Date and Time	9(14)	Local Transmission date and time in the format CCYYMMDDHHMMSS.
Case Number	X(14)	Fourteen digit alpha-numeric field uniquely identifying the case on the County eligibility system.

**Benefit Inquiry Response - Normal**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - should be "M0112"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful
Case Number	X(14)	Copied from input
Local Office Code	X(03)	Recipient Local Office Code
Cash Balance	s9(5)v99	Available Cash balance on the case
Food Stamp Balance	s9(5)v99	Available Food Stamp balance on the case
Benefit Segment Count	s9(02)	Occurrences of Benefit segment – 30 maximum.
Benefit Segment		Segment identifying data regarding benefits available on the case – occurs 30 times.
Benefit Type	X(08)	Unique identifier for type of benefit, left justified, right space filled
Authorization Number	X(16)	Unique benefit identifier assigned by County
Available Balance	s9(5)v99	Remaining balance available on the benefit available to the client
Original Balance	s9(5)v99	Original amount of the benefit authorization
Benefit Status	X(01)	Current Status of the benefit, valid values are: "A" – active "H" - on hold "C" – Canceled
Benefit Available Date	9(08)	Available date of the benefit: CCYYMMDD.
Benefit Last Used Date	9(08)	Date the benefit was last used: CCYYMMDD.

## Usage Notes:

1. Benefits with a balance of zero will not be returned.

**Benefit Inquiry Response - Error**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - should be "M0112"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "01" indicates that the request failed
Reject Reason	X(06)	A six-character reason defined by the EBT vendor for the reject; this field is only present if the Response Code is not zero
Reject Description	X(30)	A description of the reject reason; this field is only present if the Response code is not zero.

## Usage Notes:

No data fields are returned when Response Code is non-zero. Instead, a reject reason code and a reject reason description is returned.

**M0104 - Card Inquiry**

The Card Inquiry is used to get information regarding a particular card residing on the EBT system database. The information returned will allow the State to determine the status of the card. Following is the layout of the input request from the State:

**Card Inquiry Request**

Field Name	Format	Comments
USERID	X(08)	Unique identifier of the user making the inquiry request.
State ID	X(02)	Constant of "CA".
County ID	9(02)	Identifier assigned to the county
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message Identifier - should be "M0104"
Transmission Date and Time	9(14)	Local Transmission date and time in the format CCYYMMDDHHMMSS.
PAN (Card Number)	X(19)	All digits of card assigned to client, left justified, space filled.

**Card Inquiry Response - Normal**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - should be "M0114"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful
PAN (Card Number)	X(19)	Copied from input
PAN (Card) Status	X(02)	Current Card Status
PIN Selected Flag	X(01)	"Y" indicates customer has selected their PIN, "N" indicates customer has not selected their PIN.
PIN Fail Count	s9(03)	The number of consecutive PIN fail attempts the client has currently performed
Card Issue Date	X(08)	Date Card issued. Format is CCYYMMDD
Card Issued Count	s9(03)	Number of cards issued to client. Count includes PAN being inquired upon and all previous PANs issued to the client.
Previous PAN	X(19)	Previous card number of client, left justified, space filled. If no previous PAN has been issued to the client, the field will be spaces.
Case Number	X(14)	Fourteen digit alpha-numeric field uniquely identifying the case on the County eligibility system.
Social Security Number	X(09)	Client SSN, 9 numeric digits

**Card Inquiry Response - Error**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - should be "M0114"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "01" indicates that the request failed
Reject Reason	X(06)	A six-character reason defined by the EBT vendor for the reject; this field is only present if the Response Code is not zero
Reject Description	X(30)	A description of the reject reason; this field is only present if the Response code is not zero.

## Usage Notes:

No data fields are returned when Response Code is non-zero. Instead, a reject reason code and a reject reason description is returned.

## M0106 - History Inquiry

The History Inquiry is used to get information regarding financial transactions performed. The keys that can be used to access history data are:

"CARD"	Card Number
"CASE"	Case Number
"FNS "	Store FNS number

The history request will be able to return data using date ranges (e.g., a start and an ending date). The request will return up to fifteen history transactions per request, with a continuation flag if more records are required for the same search. The State will also be able to request transactions in ascending or descending date sequence. The default setting will return the transactions in descending order (the latest transactions first). The Financial History Inquiry transaction can access 90 days of history.

## History Inquiry Request

Field Name	Format	Comments
USERID	X(08)	Unique identifier of the user making the inquiry request.
State ID	X(02)	Constant of "CA".
County ID	9(02)	Identifier assigned to the county
Local Office Code	X(03)	Local Office code of the user making the request.
Message ID	X(05)	Message Identifier - should be "M0106"
Transmission Date and Time	9(14)	Local Transmission date and time in the format CCYYMMDDHHMMSS.
Key Type	X(04)	Qualifies type of search. Valid values are: "CARD" - search by PAN "CASE" - search by Case "FNS" - search by store FNS number
Start Date/Time	X(14)	Starting search time in the format of CCYYMMDDHHMMSS
End Date/Time	X(14)	Ending search time in the format of CCYYMMDDHHMMSS
Sequence	X(01)	Search Sequence A – Ascending D – Descending
Maximum Records	s9(02)	Maximum number of records to return on a search. Should not be set to more than 15 records
Key Data	X(19)	Identifies the key value to be used for the search. The actual format of the Key Data will depend upon the Key Type field, but in all cases the Key Data will be left justified, right space filled.
Continuation Data	X(100)	Either low values or copied from previous response to continue search from last record on previous response

**History Inquiry Response - Normal**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	X(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - should be "M0116"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful
History Segment Count	9(02)	The number of history transactions contained within the record. The maximum value is the value contained in the Maximum Record field from the request
History Segment		Segment identifying history transactions - occurs 1 to 15 times depending on value of previous field
Message ID	X(05)	Identifies the transaction type being returned.
Transmission Date and Time of the segment	9(14)	Date and time of the original transaction in the format of CCYYMMDDHHMMSS
Transaction Type	X(03)	Three-digit identifier of transaction type defined by the EBT vendor.
Transaction Response Code	X(02)	Required, identifies result of transaction, "00" indicates no errors on transaction
Reversal Reason	X(02)	Spaces unless transaction is a reversal
PAN (Card)	X(19)	Card number of client left justified, space filled. Spaces if no card used.
Transaction Amount	s9(9)v99	Amount of the transaction
Merchant ID	X(12)	Card acceptor ID of merchant accepting the transaction
Terminal ID	X(08)	Terminal ID used on transaction
Store Name	X(20)	Merchant Name
Store Location	X(40)	Merchant Address from Reg. "E" data
FNS Number	X(07)	Merchant Identifier of Food Stamp authorized merchants
Terminal Sequence Number	X(06)	Sequential number assigned by the terminal to each transaction occurring at the terminal
Transaction Request amount	9(5)v99	Amount requested
Transaction Completion amount	9(5)v99	Amount completed
Transaction fee amount	9(1)v99	Service fee charged to the client by the EBT vendor for the certain transactions such as ATM withdrawals
Account Balance	S9(7)v99	Amount of funds available to client after the transactions occurred
Continuation Data	X(100)	Either low values if no more records, or a key on where to continue search if more records are available



**Financial History Response - Error**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - should be "M0116"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "01" indicates that the request failed
Reject Reason	X(06)	A six-character reason defined by the EBT vendor for the reject; this field is only present if the Response Code is not zero
Reject Description	X(30)	A description of the reject reason; this field is only present if the Response code is not zero.

## Usage Notes:

No data fields are returned when Response Code is non-zero. Instead, a reject reason code and a reject reason description is returned.

### Case/Client Add, Change & Delete Messages

These sets of messages are used to add, change and delete case/client demographic data on the EBT system's database.

#### M0120 - Case/Client Add

This transaction is used to add a new client to the EBT System.

#### Case/Client Add Request

Field Name	Format	Comments
USERID	X(08)	Unique identifier of the user making the inquiry request.
State ID	X(02)	Constant of "CA"
County ID	9(02)	Identifier assigned to the county
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message Identifier - must be "M0120"
Transmission Date and Time	9(14)	Local Transmission date and time in the format CCYYMMDDHHMMSS.
Case Number	X(14)	Fourteen digit alpha-numeric field uniquely identifying the case on the County eligibility system.
Local Office Code	X(03)	Recipient Local Office code
Caseworker ID	X(06)	Caseworker assigned to Case
Client Segment		Segment identifying data regarding the client being added to the case
Client Type	X(02)	1 – Primary cardholder 2-99 – Alternate cardholders
Cardholder Access	X(01)	1 – Food Stamps 2 – Cash 3 – Both
Client ID Number (CIN)	X(09)	Unique identifier within the state for a client. Currently not implemented by all counties.
Client last name	X(25)	Last name of client
Client first name	X(15)	First name of client
Client Middle Initial	X(01)	Middle initial of client
Address line 1	X(30)	Optional, Street Address. Set field to all "*" if not present
Address line 2	X(30)	Optional, Apartment number or other part of street address. Set field to all "*" if not present
City	X(20)	Optional, set field to all "*" if not present.
State	X(02)	Optional, set field to all "*" if not present.
ZIP/postal code	X(09)	Optional, set field to all "*" if not present.
Birth date	X(08)	Birth date in the format of CCYYMMDD
Social Security Number	X(09)	Client SSN, 9 numeric digits
Language Indicator	X(02)	See Exhibit J-1 for list of current language codes.

**Case/Client Add Response**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - must be "M0130"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful; "01" indicates that the request failed
Reject Reason	X(06)	A six-character reason defined by the EBT vendor for the reject; this field is only present if the Response Code is not zero.
Reject Description	X(30)	A description of the reject reason; this field is only present if the Response code is not zero.

## Processing Rules:

1. Reject reason and Reject Description will only be provided if the Response code is non-zero.
2. The primary client on the case must be added first.

## M0122 - Case/Client Change

This transaction is used to change information on an existing client on the EBT System.

**Case/Client Change Request**

Field Name	Format	Comments
USERID	X(08)	Unique identifier of the user making the inquiry request.
State ID	X(02)	Constant of "CA"
County ID	9(02)	Identifier assigned to the County
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message Identifier - must be "M0122"
Transmission Date and Time	9(14)	Local Transmission date and time in the format CCYYMMDDHHMMSS.
Case Number	X(14)	Required, fourteen digit alpha-numeric field uniquely identifying the case on the County eligibility system.
Current Client Type	X(02)	1 – Primary cardholder 2-99 – Alternate cardholders
Local Office Code	X(03)	Local Office code of Case
Caseworker ID	X(06)	Caseworker assigned to Case
Client Segment		Segment containing data for the client being updated
New Client Type	X(02)	1 – Primary cardholder 2-99 – Alternate cardholders
Cardholder Access	X(01)	1 – Food Stamps 2 – Cash 3 – Both
Client ID Number (CIN)	X(09)	Unique identifier within the state for a client. Currently not implemented by all counties.
Client last name	X(25)	Last name of client
Client first name	X(15)	First name of client
Client Middle Initial	X(01)	Middle initial of client
Address line 1	X(30)	Optional, Street Address. Set field to all "*" if not present
Address line 2	X(30)	Optional, Apartment number or other part of street address. Set field to all "*" if not present
City	X(20)	Optional, set field to all "*" if not present.
State	X(02)	Optional, set field to all "*" if not present.
ZIP/postal code	X(09)	Optional, set field to all "*" if not present.
Birth date	X(08)	Birth date in the format of CCYYMMDD
Social Security Number	X(09)	Client SSN, 9 numeric digits
Language Indicator	X(02)	See Exhibit J-1 for list of current language codes.

## Usage Notes:

1. Fields filled with all "\*" will not be changed.
2. The only fields that can be changed are the Local Office Code, Caseworker ID, Client Type, Cardholder Access, Client Name, Birthdate, Social Security Number, and Language Indicator.
3. The Current Client Type cannot be asterisks (i.e. "\*").

**Case/Client Change Response**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - must be "M0132"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful; "01" indicates that the request failed
Reject Reason	X(06)	A six-character reason defined by the EBT vendor for the reject; this field is only present if the Response Code is not zero.
Reject Description	X(30)	A description of the reject reason; this field is only present if the Response code is not zero.

## Processing Rules:

1. Reject reason and Reject Description will only be provided if the Response code is non-zero.

**M0124 - Case/Client Delete**

This transaction is used to delete an existing client off of a case on the EBT System.

**Case/Client Delete Request**

Field Name	Format	Comments
USERID	X(08)	Unique identifier of the user making the inquiry request.
State ID	X(02)	Constant of "CA"
County ID	9(02)	Identifier assigned to the County
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message Identifier - must be "M0124"
Transmission Date and Time	9(14)	Local Transmission date and time in the format CCYYMMDDHHMMSS.
Case Number	X(14)	Required, fourteen digit alpha-numeric field uniquely identifying the case on the County eligibility system.
Client Type	X(02)	1 – Primary cardholder 2-99 – Alternate cardholders
Client ID Number (CIN)	X(09)	Unique identifier within the state for a client. Currently not implemented by all counties.

**Usage Notes:**

1. The primary client on the case cannot be deleted.
2. The card that belongs to the client being deleted must always be statused first (e.g., has an status that is not "Active" or "Inactive").

**Case/Client Delete Response**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - must be "M0124"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful; "01" indicates that the request failed
Reject Reason	X(06)	A six-character reason defined by the EBT vendor for the reject; this field is only present if the Response Code is not zero.
Reject Description	X(30)	A description of the reject reason; this field is only present if the Response code is not zero.

## Processing Rules:

1. Reject reason and Reject Description will only be provided if the Response code is non-zero.

### **Card Issue/Re-issue/Change Messages**

These sets of messages are used to either issue or reissue a card to a client, or to change the card record (i.e., change the card status) on the EBT system's database.

#### **M0140 - Card Issue**

The Card Issue request will take a vault card and assign it to a client. This transaction is only used for a client that has never been issued a card. If any benefits are available on the case that the client should have access to, the benefits will be available to the client as soon as the PIN has been selected.

### **Card Issue Request**

<b>Field Name</b>	<b>Format</b>	<b>Comments</b>
USERID	X(08)	Unique identifier of the user making the inquiry request.
State ID	X(02)	Constant of "CA"
County ID	9(02)	Identifier assigned to the County
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message Identifier - must be "M0140"
Transmission Date and Time	9(14)	Local Transmission date and time in the format CCYYMMDDHHMMSS.
Case Number	X(14)	Required, fourteen digit alpha-numeric field uniquely identifying the case on the County eligibility system.
Client Type	X(02)	1 – Primary cardholder 2-99 – Alternate cardholders
Client ID Number (CIN)	X(09)	Unique identifier within the state for a client. Currently not implemented by all counties.
PAN (Card)	X(19)	Card number being issued to recipient, left justified, space filled



**Card Issue Response**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - must be "M0150"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful; "01" indicates that the request failed
Reject Reason	X(06)	A six-character reason defined by the EBT vendor for the reject; this field is only present if the Response Code is not zero.
Reject Description	X(30)	A description of the reject reason; this field is only present if the Response code is not zero.

## Processing Rules:

1. Reject reason and Reject Description will only be provided if the Response code is non-zero.
2. The client receiving the card must exist on the case within the EBT System.
3. The client cannot have been issued a card previously.
4. The Card being issued to the client must be a vault card (e.g., has not been issued yet).

**M0142 - Card Reissue Vault Card**

The Card Reissue transaction will take a vault card and assign it to a client that has previously been issued a card.

**Card Reissue Vault Card Request**

Field Name	Format	Comments
USERID	X(08)	Unique identifier of the user making the inquiry request.
State ID	X(02)	Constant of "CA"
County ID	9(02)	Identifier assigned to the County
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message Identifier - must be "M0142"
Transmission Date and Time	9(14)	Local Transmission date and time in the format CCYYMMDDHHMMSS.
Case Number	X(14)	Required, fourteen digit alpha-numeric field uniquely identifying the case on the County eligibility system.
Client Type	X(02)	1 – Primary cardholder 2-99 – Alternate cardholders
Client ID Number (CIN)	X(09)	Unique identifier within the state for a client. Currently not implemented by all counties.
New PAN (Card)	X(19)	Card number being issued to recipient, left justified, space filled
Old PAN (Card)	X(19)	Previous Card issued to recipient, left justified, space filled

**Card Reissue Vault Card Response**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - must be "M0152"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful; "01" indicates that the request failed
Reject Reason	X(06)	A six-character reason defined by the EBT vendor for the reject; this field is only present if the Response Code is not zero.
Reject Description	X(30)	A description of the reject reason; this field is only present if the Response code is not zero.

## Processing Rules:

1. Reject reason and Reject Description will only be provided if the Response code is non-zero.
2. The client receiving the card must exist on the case within the EBT System.
3. The client must have been issued a card previously (e.g., this is a replacement card).
4. The Old Card (previous card) must have a status other than active or inactive (i.e., lost, stolen, damaged, etc.).
5. The Card being issued to the client must be a vault card (e.g., has not been issued yet).

**M0144 - Card Mail Reissue**

The Card Reissue transaction will order a replacement card to be mailed to a client.

**Card Reissue Mail Card Request**

Field Name	Format	Comments
USERID	X(08)	Unique identifier of the user making the inquiry request.
State ID	X(02)	Constant of "CA"
County ID	9(02)	Identifier assigned to the County
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message Identifier – must be "M0144"
Transmission Date and Time	9(14)	Local Transmission date and time in the format CCYYMMDDHHMMSS.
Case Number	X(14)	Required, fourteen digit alpha-numeric field uniquely identifying the case on the County eligibility system.
Client Type	X(02)	1 – Primary cardholder 2-99 – Alternate cardholders
Client ID Number (CIN)	X(09)	Unique identifier within the state for a client. Currently not implemented by all counties.
Old PAN (Card)	X(19)	Previous Card issued to recipient, left justified, space filled
Address line 1	X(30)	Optional, Street Address. Set field to all "*" if not present
Address line 2	X(30)	Optional, Apartment number or other part of street address. Set field to all "*" if not present
City	X(20)	Optional, set field to all "*" if not present.
State	X(02)	Optional, set field to all "*" if not present.
ZIP/postal code	X(09)	Optional, set field to all "*" if not present.

**Card Reissue Mail Card Response**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier – must be "M0154"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful; "01" indicates that the request failed
Reject Reason	X(06)	A six-character reason defined by the EBT vendor for the reject; this field is only present if the Response Code is not zero.
Reject Description	X(30)	A description of the reject reason; this field is only present if the Response code is not zero.

## Processing Rules:

1. Reject reason and Reject Description will only be provided if the Response code is non-zero.
2. The client being issued the replacement card must exist on the case within the EBT System.
3. The client must have been issued a card previously (e.g., this is a replacement card).
4. The Old Card (previous card) must have a status other than active or inactive (i.e., lost, stolen, damaged, etc.).

## M0146 - Card Change Transaction

The Card Change transaction will allow certain fields to be modified for the Card Record on the EBT Database. These fields are:

1. PAN (Card) Status
2. PIN Fail Count
3. PIN Selected Field

### Card Change Request

Field Name	Format	Comments
USERID	X(08)	Unique identifier of the user making the inquiry request.
State ID	X(02)	Constant of "CA"
County ID	9(02)	Identifier assigned to County
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message Identifier - must be "M0146"
Transmission Date and Time	9(14)	Local Transmission date and time in the format CCYYMMDDHHMMSS.
Case Number	X(14)	Fourteen digit alpha-numeric field uniquely identifying the case on the County eligibility system.
PAN (Card)	X(19)	Card number being updated, left justified, space filled
PAN (Card) Status	X(02)	Current Card Status, valid values to be defined by EBT vendor.
PIN Selected Flag	X(01)	"Y" indicates customer has selected their PIN, "N" indicates customer has not selected their PIN (i.e., needs to select a new PIN).
PIN Fail Count	s9(05)	The current number of consecutive failed PIN attempts the client has performed

Usage Notes:

1. Fields that should not be modified should contain all "\*".

**Card Change Response**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - must be "M0156"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful; "01" indicates that the request failed
Reject Reason	X(06)	A six-character reason defined by the EBT vendor for the reject; this field is only present if the Response Code is not zero.
Reject Description	X(30)	A description of the reject reason; this field is only present if the Response code is not zero.

## Processing Rules:

1. Reject Reason and Reject Description will only be provided if the Response Code is non-zero.

### ***Benefit Issuance, Change***

These sets of messages are used to either add a benefit to an EBT account or modify an existing benefit on the EBT system's database.

#### **M0160 - Benefit Issuance**

This transaction will add a benefit to a case on the EBT System and link it to the clients on the case based upon their access. The benefit will become available immediately to the recipients on the case (assuming the client has a valid card) on the availability date specified.

### **Benefit Issuance Request**

Field Name	Format	Comments
USERID	X(08)	Unique identifier of the user making the inquiry request.
State ID	X(02)	Constant of "CA"
County ID	9(02)	Identifier assigned to County
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message Identifier - must be "M0160"
Transmission Date and Time	9(14)	Local Transmission date and time in the format CCYYMMDDHHMMSS.
Case Number	X(14)	Required, fourteen digit alpha-numeric field uniquely identifying the case on the County eligibility system.
Benefit Type	X(08)	Unique identifier for type of benefit, left justified, right space filled
Authorization Number	X(16)	Unique identifier within the county for the benefit authorization, left justified, right space filled
Benefit Status	X(01)	Current Status of the benefit, valid values are: "A" - active
Benefit Amount	s9(5)v99	Amount of the benefit
Availability Date	X(08)	The date the benefit is available to the client. Format is CCYYMMDD.

Usage Notes:

1. Benefit amount must be greater than zero.



**Benefit Issuance Response**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - must be "M0170"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful; "01" indicates that the request failed
Reject Reason	X(06)	A six-character reason defined by the EBT vendor for the reject; this field is only present if the Response Code is not zero.
Reject Description	X(30)	A description of the reject reason; this field is only present if the Response code is not zero.

## Processing Rules

1. Reject Reason and Reject Description will only be provided if the Response Code is non-zero.

**M0162 - Benefit Change**

This transaction is used to change the status of a benefit before its availability date. The benefit status is the only field that can be changed on the benefit record.

**Benefit Change Request**

Field Name	Format	Comments
USERID	X(08)	Unique identifier of the user making the inquiry request.
State ID	X(02)	Constant of "CA"
County ID	9(02)	Identifier assigned to the County
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message Identifier - must be "M0162"
Transmission Date and Time	9(14)	Local Transmission date and time in the format CCYYMMDDHHMMSS.
Case Number	X(14)	Required, fourteen digit alpha-numeric field uniquely identifying the case on the County eligibility system.
Benefit Type	X(08)	Unique identifier for type of benefit, left justified, right space filled
Authorization Number	X(16)	Unique identifier within the county for the benefit authorization, left justified, right space filled
Benefit Status	X(01)	Current Status of the benefit, valid values are: "A" – active "H" - on hold "C" – canceled

**Benefit Change Response**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - must be "M0172"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful; "01" indicates that the request failed
Reject Reason	X(06)	A six-character reason defined by the EBT vendor for the reject; this field is only present if the Response Code is not zero.
Reject Description	X(30)	A description of the reject reason; this field is only present if the Response code is not zero.

## Processing Rules

1. Reject Reason and Reject Description will only be provided if the Response Code is non-zero.
2. Benefit status cannot be changed after the availability date has been reached (e.g., current data must be less than the availability date).

**Food Stamp Conversion & Benefit Adjustment****M0180 - Food Benefit Conversion**

This transaction is used to convert the client's available balance into paper coupons or cash benefits.

**Food Benefit Conversion**

Field Name	Format	Comments
USERID	X(08)	Unique identifier of the user making the inquiry request.
State ID	X(02)	Constant of "CA"
County ID	9(02)	Identifier assigned to the County
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message Identifier - must be "M0180"
Transmission Date and Time	9(14)	Local Transmission date and time in the format CCYYMMDDHHMMSS.
Case Number	X(14)	Required, fourteen digit alpha-numeric field uniquely identifying the case on the County eligibility system.
PAN (Card Number)	X(19)	Card number of the recipient, left justified, space filled

**Food Benefit Conversion Response - Normal**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - must be "M0190"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful.
PAN (Card Number)	X(19)	Copied from input
Authorized Amount	S9(5)V99	Amount of benefit that was converted
Remaining Balance	S9(5)V99	Remaining amount of food stamp benefit that could not be converted because of minimum denomination value.

**Food Benefit Conversion Response - Error**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - must be "M0190"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request "01" indicates that the request failed
Reject Reason	X(06)	A six-character reason defined by the EBT vendor for the reject; this field is only present if the Response Code is not zero.
Reject Description	X(30)	A description of the reject reason; this field is only present if the Response code is not zero.

## Usage Notes:

No data fields are returned when Response Code is non-zero. Instead, a reject reason code and a reject reason description is returned.

**M0182 - Benefit Adjustment**

This transaction is used to adjust the available balance amount of a benefit.

**Benefit Adjustment Request**

Field Name	Format	Comments
USERID	X(08)	Unique identifier of the user making the inquiry request.
State ID	X(02)	Constant of "CA"
County ID	9(02)	Identifier assigned to County
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message Identifier - must be "M0182"
Transmission Date and Time	9(14)	Local Transmission date and time in the format CCYYMMDDHHMMSS.
Case Number	X(14)	Fourteen digit alpha-numeric field uniquely identifying the case on the County eligibility system.
PAN (Card Number)	X(19)	Card number of the recipient, left justified, space filled
Transaction Amount	s9(5)V99	Enter actual amount for adjustment request (to reduce benefit)
Benefit Class	X(02)	Class of Benefit being adjusted FS - food stamp benefit CA - cash benefit

**Benefit Adjustment Response - Normal**

Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - must be "M0192"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful.
PAN (Card Number)	X(19)	Copied from input
Benefit Class	X(02)	Class of Benefit being adjusted FS - food stamp benefit CA - cash benefit
Authorized Amount	S9(5)V99	Actual amount of adjustment (benefit reduction)
Available Balance	S9(5)V99	Remaining benefit amount following subtraction of the adjustment.



**Adjustment Response - Error**

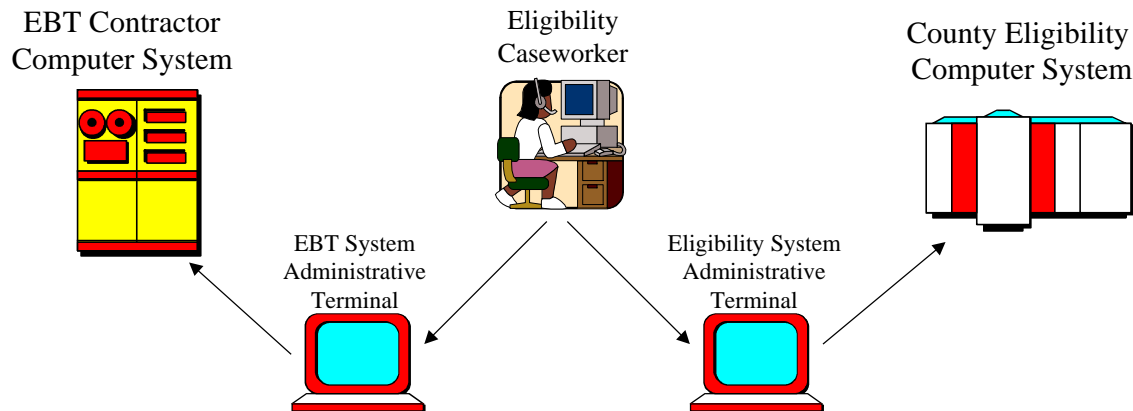
Field Name	Format	Comments
USERID	X(08)	Copied from input
State ID	X(02)	Copied from input
County ID	9(02)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - must be "M0192"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request "01" indicates that the request failed
Reject Reason	X(06)	A six-character reason defined by the EBT vendor for the reject; this field is only present if the Response Code is not zero.
Reject Description	X(30)	A description of the reject reason; this field is only present if the Response code is not zero.

## Usage Notes:

No data fields are returned when Response Code is non-zero. Instead, a reject reason code and a reject reason description is returned.

## Administrative Terminal Interface

An administrative terminal interface basically assumes that the caseworker has access to separate administrative terminals connected to either the EBT system or the eligibility system, and is required to use one or both systems in order to perform their jobs. For example, in the case of an expedited client, the caseworker would be required to first establish eligibility on the eligibility system using the eligibility system's terminal. The caseworker would then input case and benefit data obtained from the eligibility system directly into the EBT system using an administrative terminal connected directly to the EBT system. This interface is depicted in the following diagram.



A separate EBT administrative terminal application is the most common interface used in EBT projects for administrative transaction functionality such as history inquiries and emergency/immediate issuance of benefits. It should be noted that in the diagram, the separate terminals are meant to demonstrate separate logical sessions to the respective applications. The applications may be started from the same physical terminal, or there may be separate physical terminals accessing the applications.

Similar to the transaction set in a host-to-host connection, transactions in an EBT administrative terminal application can be categorized as follows:

1. Inquiry transactions (case, client, card, history)
2. Case/client demographic maintenance (adds, changes, deletes)
3. Benefit maintenance (adds, changes, cancellations)
4. Card maintenance (issues, reissue, status)

The EBT System's administrative terminal functionality will have its own security subsystem, which will require the user to log onto the system using a unique ID and password. Access to functionality is based upon user profiles, with each profile defined uniquely for a different class of users. Most EBT systems will allow an agency (i.e., county) to define the user profiles based upon the business practices of the county. The disadvantage to a separate security subsystem is that caseworkers will be required to have and maintain a separate User ID and password. Consequently it is easier for users to forget their passwords.

Access to the EBT System by State personnel will be through the use of the EBT system's administrative terminal. State personnel will need to be able to access data from any or all counties. The EBT vendor will need to provide access to all of the counties' data on the EBT system for State personnel.

## Exhibit J-1

### *Valid Language Codes*

Following is the list of language codes currently defined within the California eligibility systems.

- 7 – English
- 1 – Spanish
- O – American Sign Language
- 0 – American Sign Language
- 2 – Cantonese
- 3 – Japanese
- 4 – Korean
- 5 – Tagalog
- A – Other Sign Language
- B – Mandarin
- C – Other Chinese Languages
- D – Cambodian
- E – Armenian
- F – Ilacano
- G – Mien
- H – Hmong
- I – Lao
- J – Turkish
- K – Hebrew
- L – French
- M – Polish
- N – Russian
- P – Portuguese
- Q – Italian
- R – Arabic
- S – Samoan
- T – Thai
- U – Farsi
- V – Vietnamese
- W – German